Name in Full: Louisa Barnhart

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Delmar; County: Caroline

Date of death 1900: Month: May; Day: 25th; Age: Years: 21; Months: 6; Days: —

TO BE ANSWERED BY NEAREST FRIEND

Sex	Female	Color or Race	White
Birthplace	Maryland		
Occupation	School girl	Where Residing if not at place of death	Delmar Md
Married, Single or Widowed	Single	Name of Wife or Husband	—
Father's Name	John S. Barnhart	Father's Birthplace	Penna
Mother's Maiden Name	Clara Peters	Mother's Birthplace	Delaware
Name of person giving Imformation	Randolph Barnhart	How related to deceased	Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	Typhoid Fever	How long	7 Weeks
Immediate	Exhaustion	How long	4 hours
Are the name, age, sex, color. date and place correctly given above?	Yes	Signature of Physician	Enoch George M.D.
		Address	Delmar Caroline Co Md
Accident or Suicide?	—		

LIBRARY BUREAU A88816

Name in Full: Benjamin Cohee

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) Henderson (County) Caroline

Date of death: 1904 (Month) May (Day) 25th

Age: Years 67 Months 1 Days 21

Sex: Male

Color or Race: White

Birthplace: Delaware

Occupation: Farmer

Where Residing if not at place of death:

Married, Single or Widowed: Married

Name of Wife or Husband: Annie E Battler

Father's Name: William Cohee

Father's Birthplace: Talbot Co

Mother's Maiden Name: Nancy Stokes

Mother's Birthplace: Caroline Co

Name of person giving In formation: Alonzo B Cohee

How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cancer & Spleen — How long: 1 yr. 1 mo.

Immediate: Exhaustion — How long: 10 Days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F Silcox M.D.

Address: Henderson Maryland

Accident or Suicide?

LIBRARY BUREAU A85516

Name in Full: Geo Jr Cohee

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Denton — County: Caroline

Date of death 1904: Month: 5 — Day: 11 — Age: Years — Months — Days: 1

Sex: Male — Color or Race: White — Birthplace: Denton Md.

Married, Single or Widowed — Occupation

Name of Wife or Husband

Father's Name: John W Cohee — Father's Birthplace: Maryland

Mother's Maiden Name: Annie E Ravenet — Mother's Birthplace: Maryland

Name of person giving Information: John W. Cohee. — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary — How long

Immediate: Pneumonia Acute — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. P. Saunders MD

Address: Denton Maryland

Accident or Suicide?

LIBRARY BUREAU A88818

CERTIFICATE OF DEATH

MARYLAND

Name in Full: ~~Ophelia~~ Ozella Driggins

Died at: Town: Preston; County: Caroline

Date of death: Month: 5 Day: 24 1904

Age: Years: 22 Months: 7 Days: —

Sex: Female

Color or Race: African

Birthplace: Md.

Occupation: House girl

Where Residing if not at place of death: Ridgley

Married, Single or Widowed: Single

Name of Wife or Husband: —

Father's Name: George W. Driggins

Father's Birthplace: Md.

Mother's Maiden Name: Eliza Anne Chase

Mother's Birthplace: Md.

Name of person giving Imformation: Geo. W. Driggins

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Phthisis Pulmonalis — How long: One year

Immediate: Asthenia — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. R. Phillips

Address: Preston Md.

Accident or Suicide? —

PHYSICIAN OR CORONER

LIBRARY BUREAU A88318

Name in Full: Emma I Greene

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Preston — County: Caroline

Date of death: 1904 — Month: May — Day: 1 — Age: Years: — Months: 6 — Days: —

Sex: Female — Color or Race: Black — Birthplace: Md.

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Dr Jourdet Smyth Noh — Father's Birthplace: Don't Know

Mother's Maiden Name: Eliza C. Greene — Mother's Birthplace: Md.

Name of person giving information: Alfred Greene — How related to deceased: G. Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 1 week

Immediate: Don't Know — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J L Stobell

Address: Preston Md.

Accident or Suicide?

LIBRARY BUREAU A66518

Name in Full: Mahala Wilkinson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hillsboro County: Caroline

Date of death 1904: Month: May Day: 26.

Age: Years: 83 Months: 6 Days: 16

Sex: Female Color or Race: White. Birthplace: Md.

~~Married, Single~~ or Widowed Occupation: Housewife

Name of Wife or Husband

Father's Name: Joshua Shipley Father's Birthplace: Md

Mother's Maiden Name: Sarah Hayward Mother's Birthplace: Del.

Name of person giving information: Mrs G. F. Beavans How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Old age How long: one year.

Immediate: Asthenia How long: Two weeks.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr W P J Miller

Address: Hillsboro Md.

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A8818